## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N05000008577



**FILED** Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90173 032 \*\*\*\*61.25

1. Entity Nam PALMA S INC.	OLA PO	INTE HOMEOWN	ERS AS	SOCIATION,								
1401 MANATEE AVE WEST 140 SUITE 500 SUIT BRADENTON, FL 34205 BRA			1401 Suite	Mailing Address 1401 MANATEE AVE WEST SUITE 500 BRADENTON, FL 34205 3. Mailing Address								
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			03242008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State					00.4770000		plied For at Applicable			
Zip Country			Zip	Zip Cou		intry	5. Certificate o	5. Certificate of Status Desired Security Securi				
	6. Name	and Address of Current	Registered	l Agent			7. Name and A	Address of New F	Registered A	gent	····	
DADNEDE	V MADE	n				Name						
BARNEBEY, MARK P 1301 SIXTH AVE WEST STE 401						Street Add	tress (P.O. Box Number	is Not Acceptable	e)			
BRADENT	ON, FL 3	4205										
	,					City			FL	Zip Cod		
	tions of regist	y submits this statement fo lered agent.	or the purpo	ise of changing its	registere	eo onice or re	egistereo agent, or both	, in the state of Fi	onga, rama	amiliar with,	апо ассері	
SIGNATURE	Signature, typed	or printed name of registered agent	t and title if appli	cable. (NOT	E: Registeres	d Agent signature	required when reinstating)	<u> </u>	DATE		<del></del>	
SIGNATURE	Filing Fe	or printed name of registered agent e.ls \$61.25 fay 1, 2008	t and title if applie	9. Election Car Trust Fund (	npaign F	inancing	\$5.00 May Be		DATE fake check rida Depart			
SIGNATURE	Filing Fe	e ls \$61.25		9. Election Car	npaign F	inancing	\$5.00 May Be	Flor	lake check rida Depart	ment of St	late	
	D VINING, 0	e ls \$61.25 lay 1, 2008	RECTORS	9. Election Car	mpaign F Contributi 11. TITLE NAME STREE	inancing ion.	\$5.00 May Be Added to Fees	Flor	lake check rida Depart	ment of St	ate	
10. TITLE NAME STREET ADDRESS	D VINING, 0 1401 MAN BRADEN D HERMAN 4623 SW	OFFICERS AND DIE C. TIMOTHY NATEE AVE W SUITE STON, FL 34205	RECTORS	9. Election Car Trust Fund (	TIPAIGN F CONTRIBUTION  11. TITLE NAME STREE CITY- TITLE NAME STREE	inancing ion.   E E E F S S S S S S S S S S S S S S S	\$5.00 May Be Added to Fees	Flor	lake check rida Depart	ment of SI	tate	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
CICITAL CITE.

SIGNATURE DID DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR